



FORM 490
1989

CANDIDATE AND OFFICEHOLDER CAMPAIGN STATEMENT LONG FORM
AND
CONSOLIDATED CAMPAIGN STATEMENT
(Government Code Sections 84200-84217)
(Type or Print in Ink)

PAGE 1 OF 2

Statement covers period 7/1/89 through 12/31/89

CHECK ONE OF THE FOLLOWING BOXES TO INDICATE THE TYPE OF STATEMENT BEING FILED

☐ PRE-ELECTION STATEMENT
☒ SEMI-ANNUAL STATEMENT

☐ SUPPLEMENTAL PRE-ELECTION STATEMENT (If filing a Supplemental Pre-Election Statement, you must complete Form 495 and attach it to this statement.)

☐ TERMINATION STATEMENT
Attach a Form 415 to this Form 490

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE)

FOR OFFICIAL USE ONLY

I CANDIDATE/OFFICEHOLDER INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF CANDIDATE/OFFICEHOLDER:

David M. Hinchman

OFFICE SOUGHT OR HELD: (Include location and district number if applicable)

Council Member

RESIDENTIAL OR BUSINESS ADDRESS:

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/BUSINESS PHONE NUMBER

1131 S. Pleasant

Lodi

CA

95240

(209) 331-7348

II CONTROLLED COMMITTEE* INCLUDED IN THIS CONSOLIDATED REPORT

NAME OF COMMITTEE:

Committee to elect David M. Hinchman

I.D. NUMBER

841105

ADDRESS OF COMMITTEE:

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/BUSINESS PHONE NUMBER

1131 S. Pleasant

Lodi

CA

95240

(209) 333-1652

NAME OF TREASURER:

Millard Fore

PERMANENT ADDRESS OF TREASURER: NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/BUSINESS PHONE NUMBER

920 Elliot

Lodi

CA

95240

(209) 369-5158

* A controlled committee is one which is controlled directly or indirectly by a candidate or which acts jointly with a candidate or controlled committee connection with the making of expenditures. A candidate controls a committee if the candidate, the candidate's agent, or any other committee he she controls, has significant influence on the actions or decisions of the committee.

III OTHER COMMITTEES: LIST ANY OTHER COMMITTEES NOT INCLUDED IN THIS CONSOLIDATED STATEMENT WHICH ARE CONTROLLED BY YOU AND ANY COMMITTEES PRIMARILY FORMED TO RECEIVE CONTRIBUTIONS OR MAKE EXPENDITURES ON BEHALF OF YOUR CANDIDACY

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	TREASURER	CONTROLLED COMMITTEE	
			YES	NO

Attach additional information on appropriately labeled continuation sheets.

VERIFICATION

CANDIDATE OR OFFICEHOLDER:

I HAVE USED ALL REASONABLE DILIGENCE AND TO THE BEST OF MY KNOWLEDGE THE TREASURER HAS USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT. I HAVE REVIEWED THE STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED HEREIN AND IN THE ATTACHED SCHEDULES IS TRUE AND COMPLETE. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON 1/31/90
(DATE)

AT Lodi, California
(CITY AND STATE)

BY David M. Hinchman
(SIGNATURE OF CANDIDATE OR OFFICEHOLDER)

TREASURER (if applicable):

I HAVE USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED HEREIN AND IN THE ATTACHED SCHEDULES IS TRUE AND COMPLETE. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON 1/31/90
(DATE)

AT Lodi, California
(CITY AND STATE)

BY Millard Fore
(SIGNATURE OF TREASURER)

CAMPAIGN DISCLOSURE STATEMENT SUMMARY PAGE
FORM 490

(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD
FROM 7/1/89 THRU 12/31NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:
Committee to elect David HinchmanI.D. NUMBER
841105

CONTRIBUTIONS RECEIVED

	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date (Columns A + B)
1. Monetary contributions.....	\$ 0	\$ 0 SCHEDULE A, LINE 3	\$ 0
2. Loans received.....	0	0 SCHEDULE B, LINE 7	0
3. SUBTOTAL CASH RECEIPTS.....	\$ 0 LINES 1 + 2	\$ 0 LINES 1 + 2	\$ 0 LINES 1 + 2
4. Non-monetary contributions.....	0	0 SCHEDULE C, LINE 3	0
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES.....	0 LINES 3 + 4	0 LINES 3 + 4	0 LINES 3 + 4
6. Enforceable Promises (Except loan guarantees, see Line 18 below).....	0	0 SCHEDULE D, LINE 7	0
7. TOTAL CONTRIBUTIONS.....	\$ 0 LINES 5 + 6	\$ 0 LINES 5 + 6	\$ 0 LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B)

EXPENDITURES MADE

8. Payments.....	\$ 0	\$ 0 SCHEDULE E, LINE 5	\$ 0
9. Loans Made.....	0	0 SCHEDULE EE, LINE 7	0
10. SUBTOTAL.....	0 LINES 8 + 9	0 LINES 8 + 9	0 LINES 8 + 9
11. Accrued expenses (unpaid bills).....	0	0 SCHEDULE F, LINE 5	0
12. TOTAL EXPENDITURES.....	\$ 0 LINES 10 + 11	\$ 0 LINES 10 + 11	\$ 0 LINES 10 + 11 (SHOULD EQUAL LINE 12, COLUMNS A + B)

*IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE BLANK
EXCEPT FOR LINES 2, 6, 9 AND 11.

STATEMENT OF CHANGES IN FINANCIAL CONDITION

13. Cash on hand at the beginning of this period. (Enter "Cash on hand at end of reporting period" from previous statement filed.).....	\$ 435.84	
14. Cash receipts this period (Line 3, Column B above).....	0	
15. Miscellaneous increases to cash (Schedule G, Line 4).....	0	
16. Cash payments this period (Line 10, Column B above).....	0	
17. Cash on hand at end of reporting period (Lines 13 + 14 + 15 - 16 above) (If this is a Termination Statement, Line 17 must be Zero.).....		\$ 435.84
18. Amount of loan guarantees received (Schedule B, Part I, Column (b))......		ENDING CASH ON HAND SHOULD NOT BE A NEGATIVE AMOUNT \$ 0
19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse.....		\$ 0
20. Outstanding debts (Line 2 + Line 11 of Column C above).....		\$ 0

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

	1/1 THRU 6/30	7/1 TO DATE
21. CONTRIBUTIONS RECEIVED:		
22. EXPENDITURES MADE:		